

*This form may be completed online, printed and mailed to the address listed below.*

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
REGULATION AND LICENSURE  
CREDENTIALING DIVISION  
P.O. BOX 94986  
LINCOLN, NEBRASKA 68509-4986

**APPLICATION FOR APPROVAL OF CONTINUING EDUCATION PROGRAM FOR AUDIOLOGY AND SPEECH-  
LANGUAGE PATHOLOGY**

**SECTION A: Program Information**

1	Name of Program:			
2	Name of Provider:			
3	Objectives of Program:			
4	Give description of how this program is related to the theory or clinical application of theory as it pertains to the practice of Audiology/Speech-Language pathology:			
5	Please indicate which profession(s) you are requesting continuing education approval for:			
	<input type="checkbox"/> Audiology		<input type="checkbox"/> Speech-Language Pathology	
6	Number of hours requested for approval (exclusive of time for breaks and meals) Submit information on the time schedule for this program			
7	Location of Program	City:	State:	
8	Date(s) of Program			
9	Has this program been approved in the past?			Answer Yes or No
	If yes, Date given:	Hours Granted:		
10	Is this program open to all licensed audiologist or speech-language pathologists?			Answer Yes or No

**SECTION B: Presenter Information**

1	Name	First:	MI:	Last:
2	Qualifications: List any education, experience and/or training that qualify the individual to present this continuing education program.			
	Education:			
	Experience			
	Training			
	You may attach supporting documentation to supplement the information in this section. Examples include, but are not limited to curriculum vita, resume, or documentation of previous presentations pertaining to the theory and clinical application of Audiology and Speech-Language Pathology			

**SECTION C: Method of Program Attendance Verification.** Attach a sample copy of the documentation the provider issues to license or certificate holders as proof of attendance of the program. Examples may include a signature roster, a certificate of completion, or a letter from the provider verifying attendance at the program.

Explain how attendance for the duration of program is verified.

**SECTION D: Signature**

Person Completing App	First:	MI:	Last:
Signature			
Telephone Number			
Address:	Street:		
	City:	State:	Zip:
Are you the provider of the program?			Answer Yes or No